

FORM **PSE**

ALABAMA DEPARTMENT OF REVENUE

Extension Request For The Alabama
Business Privilege Tax Return and Annual Report**2004**Type of business entity (*must check one*):**C Corporation**

- ☐ Regular C Corporation
☐ Insurance Company
☐ Financial Institution Group Member
☐ LLE Taxed as Corporation

S Corporation

- ☐ Regular S Corporation
☐ Insurance Company
☐ Financial Institution Group Member
☐ LLE Taxed as Corporation

Other

- ☐ Real Estate Investment Trust
☐ Limited Liability Entity
☐ Business Trust
☐ Disregarded Entity

For Balance Sheet Year:
Beginning____/____/____
(mm/dd/yyyy)

Ending

____/____/____
(mm/dd/yyyy)☐ CY (Calendar Year)☐ FY (Fiscal Year)☐ SY (Short Year)

LEGAL ENTITY NAME (PLEASE TYPE OR PRINT)

MAILING ADDRESS

FEIN

CITY, STATE, AND ZIP CODE

(This Space For Use By Alabama Department of Revenue)

FEDERAL BUSINESS CODE NUMBER (NAICS)

DOES THIS REPRESENT A CHANGE
OF ADDRESS? ☐ Yes**RECEIVING STAMP**

	1	2	3	FOR DEPARTMENT USE ONLY
1 Secretary of State annual report fee \$10 (corporations only)				
2 Privilege tax due (minimum \$100)				
3 Payment due (sum of lines 1 and 2)				
4 If payment made through Electronic Funds Transfer (EFT) check this box. <input type="checkbox"/>				

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.**UNDER PENALTIES OF PERJURY**, I declare that I have examined this return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**Please
Sign Here**Your
Signature

Title

Date

**Paid
Preparer's
Use Only**Preparer's
signature

Date

Phone number

Preparer's social security no.

Firm's name (or yours,
if self-employed)
and address

E.I. No.

ZIP Code

MAIL TO: Alabama Department of Revenue, Business Privilege Tax Section, PO Box 327431, Montgomery, AL 36132-7431**Extension Requirements**The Department will grant an extension of time, not to exceed six months, for filing the Business Privilege Tax return provided:

1. The Extension Request (Form PSE) is received by the Department or postmarked by the U.S. Post Office on or before the due date, and
2. A payment of 90%, but in no case less than \$100.00, of the tax liability is made with the request. Corporations must also pay the \$10.00 Secretary of State's fee, and
3. All sections of the Extension Request are completed, and
4. The Extension Request is signed.

An extension of time for filing an initial return is not allowed.**Due Dates****BUSINESS PRIVILEGE TAX** – Taxpayers who report on a calendar year basis will file their extension request or tax return on or before March 15, 2004 for corporations or April 15, 2004 for LLE's.Taxpayers who have a tax year other than a calendar year **must**

file an extension request or tax return no later than two and one-half months if a corporation or three and one-half months if an LLE, after the beginning of each fiscal or short tax year.

If you have any questions, please contact the Business Privilege Tax Section at (334) 353-7923. (www.ador.state.al.us).**Electronic Funds Transfer
Tax Payment and Filing**Section 41-1-20, **Code of Alabama 1975**, requires the use of Electronic Funds Transfer (EFT) for all tax payments of \$25,000 or more. Taxpayers must register to use EFT. Call the Revenue Department EFT Hotline at 1-800-322-4106 or (334) 242-0192 for further information.

If payment is made by EFT, mail completed return to:

Alabama Department of Revenue
EFT Unit
P.O. Box 327950
Montgomery, AL 36132-7950A
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